

**Compelling Reasons Questionnaire for
Requests for Extension of Benefits or Time
Alaska Commercial Fisherman's Fund**

Compelling reasons are not defined in law but should be sufficient to justify the extension of benefits or time. The Fishermen's Fund Advisory and Appeals Council will use the financial status of the fisherman, impact of the injury/illness on the fisherman's ability to earn a living and any other compelling factors that affect the fisherman's ability to pay for related expenses in excess of \$2500 in reviewing the request.

Your responses to this questionnaire are strictly confidential and will only be reviewed by the Council in order to make determinations related to your application. Responses will not be released without a Release of Information signed by you, an attorney representing you, or your parents if under the age of 18.

A written letter justifying an extension of benefits and/or time must be submitted in addition to this Questionnaire. Any further information can be submitted at any time.

The relevant Alaska Statutes and the Fishermen's Fund brochure are attached for your reference. Please review pages 15 and 17 in the brochure.

Estimates of anticipated medical or related expenses (i.e. air transportation) for future treatment, evaluation, or surgery, and the approximate date these will be completed should be provided in support of your request.

I request an extension of: ☐ Time, 1 year extension – Sections A, E
 ☐ Benefits - Sections B, C, D, E

A. Extension of Time

Has there been a gap of more than 3 months between any of your treatments in the last year? If yes, please note what other work, recreation, or other activities you have been involved in during that period; AND it is suggested you provide a medical doctor's statement that your commercial fishing activity, which "initiated" your injury/illness, remains the primary contributing factor to your condition.

Please explain:

B. Extension of benefits

Impact on ability to earn a living while undergoing required treatment

- 1) Did your physician prohibit your return to commercial fishing activities or restrict your work activities?

Please explain:

- 2) Were you required to undergo further treatment or therapy and how did your condition otherwise impact your ability to find commercial fishing work within the first 4 months after your injury/illness?

Please explain:

- 3) Does your condition prevent you from continuing to pursue a livelihood commercial fishing in Alaska?

Please explain:

C. Extent of current and additional benefits requested

- 1) Please provide a breakdown of your current and future costs. Provide further detail in an attachment and if available, letters from providers supporting estimate.

CURRENT COSTS INCURRED

Provider	Total Cost	Fishermen's Fund Paid	Paid by Me	Balance
Hospital, emergency care, Radiology & anesthesiology	\$_____	\$_____	\$_____	\$_____
Doctor	\$_____	\$_____	\$_____	\$_____
Therapy or Rehabilitation	\$_____	\$_____	\$_____	\$_____
Air transportation to & from Treatment	\$_____	\$_____	\$_____	\$_____
Other (taxis, lodging, meals are not covered)	\$_____	\$_____	\$_____	\$_____
Subtotal	\$_____	\$_____	\$_____	\$_____

ANTICIPATED/ESTIMATED COSTS TO BE INCURRED

Hospital, emergency care, radiology and anesthesiology \$_____

Please provide contact & telephone # to verify estimate:

Name_____ #_____

Physician/Doctor \$_____

Please provide contact & telephone # to verify estimate:

Name _____ # _____

Therapy or other related rehabilitation \$ _____

Please provide contact & telephone # to verify estimate:

Name _____ # _____

Air transportation to & from treatment (note if more than 1 trip)

Other (taxi, lodging, meals are not covered):

_____ \$ _____

TOTAL OF CURRENT AND ANTICIPATED COSTS

\$ _____

ESTIMATED INSURANCE, IF ANY.

Please explain and note deductible.

(\$ _____)

2) What is the **TOTAL** of the additional benefits needed?

\$ _____

3) When does the **doctor** expect treatment, follow-up evaluations, etc.
to end, whether provided by them or others (estimate month and year)?

____/____

D. Financial status

1) Please provide a breakdown of your total assets and liabilities. The details provided will be used to assess eligibility and extent of additional benefits.

Balance Sheet

(Fill in current balances for applicable items listed below)

Assets:

Cash \$ _____
Residence \$ _____
Vessel \$ _____
Gear \$ _____
Permits \$ _____
IFQ \$ _____
Stocks/Investments \$ _____
_____ \$ _____

Total Assets \$ _____

Liabilities:

Mortgage-Residence \$ _____
Mortgage-Vessel \$ _____
Fishing Loans \$ _____
Vehicle \$ _____
Credit Cards \$ _____
Other Loans \$ _____
_____ \$ _____

Total Liabilities \$ _____

Monthly Living Expenses

(Fill in amounts for applicable items listed below)

Mortgage/Rent \$ _____
Utilities \$ _____
Food \$ _____
Auto Insurance \$ _____
Health Insurance \$ _____
Life Insurance \$ _____

Auto Fuel	\$ _____
Car Loan Payment	\$ _____
Vessel Loan Payment	\$ _____
Credit Card Payments	\$ _____
Other Loan Payments	\$ _____
Child Support Payments	\$ _____
Clothing/Entertainment	\$ _____
	\$ _____
Total Monthly Living Expenses	\$ _____

The extension of any relief (monetary** benefits) or duration of care (time) granted by the Fishermen's Advisory and Appeals Council will be based on the total benefits and/or time requested in writing. Therefore, MAKE SURE YOUR TOTAL ADDITIONAL BENEFITS AND/OR AMOUNT OF TIME REQUESTED IS CLEARLY NOTED ABOVE and JUSTIFIED IN WRITING IN A SEPARATE LETTER!**

I authorize anyone possessing financial, credit, business or character information to release it to the Alaska Commercial Fishermen's Fund (all such information shall be kept confidential by that agency). Duplicates of this authorization shall have the same validity as the original.

E. Certification

I affirm all the above is true and certify under the penalty of perjury,

_____ (Signature) Date _____

_____ (Printed Name)

(Social Security Number)

(Date of Birth)